

**FOREIGN
LIMITED LIABILITY PARTNERSHIP**

STATE OF MAINE

**NOTICE OF RESIGNATION
OF REGISTERED AGENT**

(Name of Limited Liability Partnership)

- ☐ Names of additional limited liability partnerships are attached hereto as Exhibit ____, and made a part hereof.

Filing Fee \$35.00 for each limited liability partnership listed

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [31 MRSA §854.4](#), the undersigned has resigned as the registered agent of the limited liability partnership(s) named herein and gives notice of the following:

FIRST: The name of its successor registered agent, an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the new registered office shall be (if none, so indicate)

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

A statement approving the change to the successor registered agent, executed by each affected limited liability partnership and signed by a partner, is attached.

SECOND: There being no successor, the limited liability partnership was informed of the resignation on or about the date of filing of this certificate. Additionally, a copy of this notice has been sent by certified or registered mail to the registered or principal office of each limited liability partnership, wherever located, as filed with the Secretary of State, from which the registered agent is resigning as registered agent. An affidavit to this effect, signed by the registered agent, is attached.

This resignation becomes effective upon filing this certificate with the Secretary of State.

Resigning Registered Agent*

DATED _____

(signature)

(type or print name)

For a Resigning Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

The following shall be completed by the **successor** registered agent **unless** this document is accompanied by Form [MLLP-18 \(31 MRSA §854.2-A\)](#).

The undersigned hereby accepts the appointment as registered agent for the above-named limited liability partnership(s).

Registered Agent

DATED _____

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by the **registered agent** ([31 MRSA §854.4](#)).

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**